Evidence has been reported that ACTH does not hasten the recovery of the normal pituitary-adrenal function in patients who experienced prolonged steroid-induced pituitary-adrenal suppression.

Prolonged ACTH therapy has been shown to produce antibodies to ACTH that cross-react with endogenous ACTH, binding it in the circulation in inactive form.

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## The Management of Respiratory Failure In Childhood Status Asthmaticus

In the management of 30 episodes, the criteria for respiratory failure consisted of the following clinical signs: decreased or absent inspiratory breath sounds, severe inspiratory retractions and use of accessory muscles, cyanosis in 40 percent oxygen, depressed level of consciousness and poor skeletal muscle tone.

The technique evolved included tracheal intubation followed by general anesthesia and manual ventilation, mechanically assisted ventilation with a pressure-flow cycled ventilator under heavy sedation, neuromuscular blockade with d-tubocurarine and light sedation and controlled ventilation with the Emerson volume regulated respirator.

Blood gases were determined frequently. There were 18 complications, including one death. The investigators reported an experienced, constantly available team is necessary.

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## Hypoxia in Asthmatic Attacks

The dehydrated adrenalin-fast patient is acutely ill and needs intensive care management. All such patients have hypoxia, and arterial blood gas measurements are essential in control to prevent respiratory failure.

A $pCO_2$ of 60 or above is an indication of the need for assisted ventilation by means of a Bennett, Bird or Emerson machine with the use of either a laryngeal catheter or tracheotomy. A $pO_2$ below 50 increases danger of cardiac arrest. Oxygen can be given at a low flow rate as frequent $pCO_2$ determinations are done.

Steroids in large doses and antibiotics are also essential to proper management.

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## Aspirin Sensitivity

Untoward reactions to aspirin take two forms: (a) appearance of the expected symptoms of over-dosage from normally tolerated amounts, and (b) the more serious allergic or anaphylactic type of sensitivity. In children, sensitivity usually appears in the form of urticaria, angio-edema or a macular eruption, occasionally with purpura. Sensitivity in adults tends to appear in middle life—in my experience, most often in women between 35 and 45 years of age. The typical patient has suffered from a vasomotor rhinitis leading to nasal polyposis. Only 10 percent show evidence of atopy, or familial allergy. An "intrinsic" (non-allergic) asthma may precede or coincide with the onset of aspirin sensitivity. The asthma usually follows a respiratory infection, but may appear suddenly after nasal operations. Once aspirin sensitivity is established, even minute amounts of aspirin can produce alarming or even fatal bronchospasm.

The sensitivity is highly specific: among the salicylates only acetyl salicylic acid provokes the reaction. However, cross reactions regularly occur